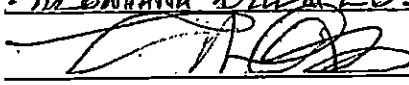
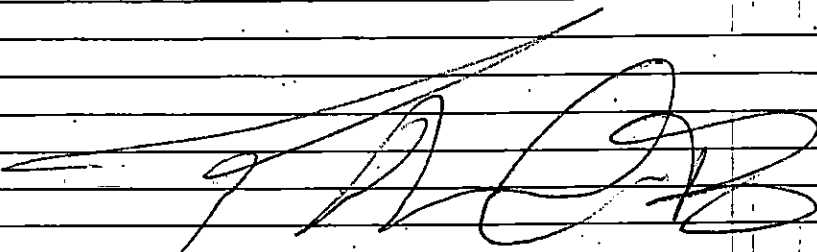
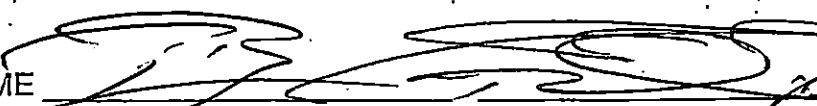


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| Form DC-135A | | Commonwealth of Pennsylvania Department of Corrections | |
| INMATE'S REQUEST TO STAFF MEMBER | | INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently. | |
| 1. To: (Name and Title of Officer) SNU PSYCHOLOGIST: MR. BURKOVICH | | 2. Date: 6/11/18 | |
| 3. By: (Print Inmate Name and Number) T. MONTANA Cell # LD5447  | | 4. Counselor's Name: ANKROM | |
| Inmate Signature | | 5. Unit Manager's Name: AURANDT | |
| 6. Work Assignment: | | 7. Housing Assignment: (please print cell location) B-1005 | |
| 8. Subject: State your request completely but briefly. Give details. CAN YOU PLEASE SEND ME A LIST OF ALL MY DIAGNOSES ???  | | | |
| 9. Response: (This Section for Staff Response Only) OTHER SPECIFIED DEPRESSIVE DISORDER ANTISOCIAL PERSONALITY DISORDER | | | |
| To DC-14 CAR only <input type="checkbox"/> | | To DC-14 CAR and DC-15 IRS <input type="checkbox"/> | |

STAFF MEMBER NAME  DATE 6/2/18
 Print Signature